

**IN THE CIRCUIT COURT OF HINDS COUNTY, MISSISSIPPI  
FIRST JUDICIAL DISTRICT**

**TRACIE B. THOMAS**

**PLAINTIFF**

**VS**

**CAUSE NO.:** 18-122

**JACKSON STATE UNIVERSITY AND JOHN  
and JANE DOE I-X**

**DEFENDANTS**

**COMPLAINT**

*JURY TRIAL DEMANDED*

Tracie Thomas, Plaintiff, files the following claims against Jackson State University and John and Jane Does I-X, for discrimination based on her disability in violation of the Americans With Disabilities Act, and for violations of the Family Medical Leave Act.

**JURISDICTION AND VENUE**

1. Jurisdiction for suits charging discrimination on the basis of a disability is concurrently vested in this Court and Federal court by way of 42 U.S.C. 126, *et seq.*, the Family Medical Leave Act, 29 U.S.C. 2601, *et seq.*

2. Venue is proper in Hinds county as the violations of the Americans With Disabilities Act and Family Medical Leave Act that occurred in Jackson, Hinds County, Mississippi.

**PARTIES**

3. The Plaintiff Tracie B. Thomas (Ms. Thomas or Plaintiff) is a resident of Hinds County, residing at 1468 Northlake Drive, Jackson, Mississippi 39211.

4. Defendant Jackson State University ("JSU") is a state institution of higher learning located in Hinds County, Jackson, Mississippi. JSU can be served by delivering a copy of the

Complaint and Summons to the Office of the Attorney General, Walter Sillers Building, 550 High Street, Suite 1200, Jackson, Mississippi 39201 and also by delivering a copy of the Summons and Complaint to JSU's Chief Executive Officer, Dr. William Bynum at 1400 John R. Lynch Street, Jackson, Mississippi 39217.

5. The Defendants John and Jane Does I-X are presently unknown individuals and/or business entities that may have liability for claims and damages as alleged herein. If and when any such unknown defendants are discovered, they will be substituted herein.

### FACTS

6. Plaintiff went to the doctor in March of 2016

7. In or around April 20, 2016, Ms. Thomas filed for leave through the Family Medical Leave Act ("FMLA") due to a medical illness. Ms. Thomas was notified by Karmon Richardson, Benefits Specialist at Jackson State University through correspondence dated April 29, 2016, that her request for FMLA leave was approved for April 20, 2016 through May 3, 2016. On May 4, 2016, Ms. Thomas returned to work and worked until June 1, 2016.

8. Still dealing with her medical illness, Ms. Thomas filed for FMLA leave again. This request was also approved through correspondence dated June 28, 2016 by Karmon Richardson, Benefits Specialist at Jackson State University. The FMLA was approved for June 1, 2016 through June 28, 2016.

9. Again, Ms. Thomas was still dealing with her medical illness and applied for a third time for FMLA leave. Said leave was again approved through correspondence dated July 26, 2016. The FMLA leave was approved from June 29, 2016 through July 25, 2016.

10. Lastly, Ms. Thomas applied for FMLA Leave again on 07-26-17, and again, it

was approved up to and until August 4, 2017.

11. During Ms. Thomas' FMLA leave, Dr. Fadavi, Ms. Thomas' direct supervisor, would contact Ms. Thomas via telephone and email and require Ms. Thomas to perform job duties. In fear of losing her job, Ms. Thomas would perform these duties even though she was on FMLA leave.

12. Finally, on August 2, 2017, Dr. Fadavi contacted Ms. Thomas and requested that she come into the office for a meeting. During this meeting, Dr. Fadavi told Ms. Thomas that due to Ms. Thomas' current and future doctor's appointments, and because Dr. Fadavi needed someone in the office that Dr. Fadavi would not approve any further leave. After a brief pause, Dr. Fadavi then advised Ms. Thomas that Dr. Fadavi no longer needed Ms. Thomas and Dr. Fadavi told Ms. Thomas that she knew that Ms. Thomas would do well in any job that she worked at in the future.

13. Dr. Fadavi required Ms. Thomas to continue to work while she was on FMLA leave and also terminated Ms. Thomas' employment while she was still under the FMLA leave in violation of the FMLA Act and in violation of the Americans With Disabilities Act.

#### **ADMINISTRATIVE PROCEDURE**

14. Plaintiff filed a Charge of Discrimination with the Equal Employment Opportunity Commission in which she stated the facts upon which this lawsuit is based. On or about July 18, 2017, Plaintiff received a Notice of Right to Sue from the U.S. Equal Employment Opportunity Commission which informed her that the EEOC had completed action on the Charge and Ms. Thomas had ninety days in which to file suit. Her initial Complaint was filed within ninety (90) day period and timely served.

**RELIEF**

WHEREFORE, PREMISES CONSIDERED, Plaintiff seeks all relief permitted under the Americans With Disabilities Act 42 U.S.C. 126, *et seq.*, the Family Medical Leave Act, 29 U.S.C. 2601, *et seq.* and Title VII, including but not limited to reinstatement to her employment, all back pay due and any front pay to be awarded, emotional distress and all compensatory damages, all applicable fringe benefits, costs, including reasonable attorney's fees, pre-judgment and post-judgment interest and liquidated damages.

Respectfully submitted, this the 6<sup>th</sup> day of March, 2018.

Respectfully Submitted,

TRACIE THOMAS - PLAINTIFF

By:   
John F. Hawkins

OF COUNSEL:

John F. Hawkins, Esquire (MSB #9556)  
HAWKINS | GIBSON, PLLC  
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Jackson, Mississippi 39225-4627  
Telephone: (601) 969-9692  
Facsimile: (601) 914-3580

COVER SHEET		Court Identification Docket #		Case Year	Docket Number
<b>Civil Case Filing Form</b> (To be completed by Attorney/Party Prior to Filing of Pleading)		<div style="border: 1px solid black; padding: 2px;">25</div> County #	<div style="border: 1px solid black; padding: 2px;">1</div> Judicial District	<div style="border: 1px solid black; padding: 2px;">2018</div> Court ID (CH, CI, CO)	<div style="border: 1px solid black; padding: 2px;">122</div> Local Docket ID
<div style="border: 1px solid black; padding: 2px;">03/06/18</div> Month Date Year		This area to be completed by clerk			
Mississippi Supreme Court Administrative Office of Courts		Form AOC/D1 (Rev 2016)		Case Number If filed prior to 1/1/94	
In the CIRCUIT		Court of HINDS		County — FIRST	Judicial District
<b>Origin of Suit (Place an "X" in one box only)</b>					
<input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Reinstated <input type="checkbox"/> Foreign Judgment Enrolled <input type="checkbox"/> Transfer from Other court <input type="checkbox"/> Other <input type="checkbox"/> Remanded <input type="checkbox"/> Reopened <input type="checkbox"/> Joining Suit/Action <input type="checkbox"/> Appeal					
<b>Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form</b>					
<b>Individual</b> Thomas Last Name     Tracie First Name     Maiden Name, if applicable     M.I.     Jr/Sr/III/IV					
<input type="checkbox"/> Check ( x ) If Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____					
<input type="checkbox"/> Check ( x ) If Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity D/B/A or Agency _____					
<b>Business</b> _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated					
<input type="checkbox"/> Check ( x ) If Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: D/B/A _____					
<b>Address of Plaintiff</b> 1468 Northlake Drive, Jackson, MS 39211					
<b>Attorney (Name &amp; Address)</b> John Hawkins, PO Box 24627, Jackson, MS 39225-4627     MS Bar No. 9556					
<input type="checkbox"/> Check ( x ) If Individual Filing Initial Pleading in NO an attorney					
<b>Signature of Individual Filing:</b>					
<b>Defendant - Name of Defendant - Enter Additional Defendants on Separate Form</b>					
<b>Individual</b> _____ Last Name     _____ First Name     _____ Maiden Name, if applicable     M.I.     Jr/Sr/III/IV					
<input type="checkbox"/> Check ( x ) If Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____					
<input type="checkbox"/> Check ( x ) If Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: D/B/A or Agency _____					
<b>Business</b> Jackson State University Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated					
<input type="checkbox"/> Check ( x ) If Business Defendant is acting in the name of an entity other than the above, and enter below: D/B/A _____					
<b>Attorney (Name &amp; Address) - If Known</b> _____ MS Bar No. _____					
<input type="checkbox"/> Check ( x ) If child support is contemplated as an issue in this suit.* *If checked, please submit completed Child Support Information Sheet with this Cover Sheet					
<b>Nature of Suit (Place an "X" in one box only)</b>					
<b>Domestic Relations</b> <input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Contempt <input type="checkbox"/> Divorce: Fault <input type="checkbox"/> Divorce: Irreconcilable Diff. <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Term. of Parental Rights-Chancery <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA) <input type="checkbox"/> Other _____	<b>Business/Commercial</b> <input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Business Dissolution <input type="checkbox"/> Debt Collection <input type="checkbox"/> Employment <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Replevin <input type="checkbox"/> Other _____	<input type="checkbox"/> Alcohol/Drug Commitment (voluntary) <input type="checkbox"/> Other _____	<b>Children/Minors - Non-Domestic</b> <input type="checkbox"/> Adoption - Contested <input type="checkbox"/> Adoption - Uncontested <input type="checkbox"/> Consent to Abortion <input type="checkbox"/> Minor Removal of Minority <input type="checkbox"/> Other _____	<b>Civil Rights</b> <input type="checkbox"/> Elections <input type="checkbox"/> Expungement <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Post Conviction Relief/Prisoner <input type="checkbox"/> Other _____	<b>Real Property</b> <input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Eviction <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Tax Sale: Confirm/Cancel <input type="checkbox"/> Title Boundary or Easement <input type="checkbox"/> Other _____
<b>Appeals</b> <input type="checkbox"/> Administrative Agency <input type="checkbox"/> County Court <input type="checkbox"/> Hardship Petition (Driver License) <input type="checkbox"/> Justice Court <input type="checkbox"/> MS Dept Employment Security <input type="checkbox"/> Municipal Court <input type="checkbox"/> Other _____	<b>Probate</b> <input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Mental Health Commitment <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Monument of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest <input type="checkbox"/> Alcohol/Drug Commitment (Involuntary)	<b>Contract</b> <input type="checkbox"/> Breach of Contract <input type="checkbox"/> Installment Contract <input type="checkbox"/> Insurance <input type="checkbox"/> Specific Performance <input checked="" type="checkbox"/> Other <u>Employment</u>	<b>Statutes/Rules</b> <input type="checkbox"/> Bond Validation <input type="checkbox"/> Civil Forfeiture <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Injunction or Restraining Order <input type="checkbox"/> Other _____	<b>Torts</b> <input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Mass Tort <input type="checkbox"/> Negligence - General <input type="checkbox"/> Negligence - Motor Vehicle <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Subrogation <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Other _____	